CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

2004 JAN 15 PM 4: 04

FORM C/OH
COVER SHEET PG 1

			£55				
The C/OH	Instruction G	IDEEXPlains how to complete thi	s form.	1 ACCOUN (Ethics Cor	mmission filers)	2 Total pages thi	is report:
3 CAND	IDATE /	TITLE FIRS	<u>l</u> T	- 111111	MI	OFFICE U	SE ONLY
	EHOLDER	Edwa	rd			Date Received	SE ONL 1
INAME			<i>.</i>			Date Received	
		Garza			3317		
4 CAND	IDATE / EHOLDER	ADDRESS / PO BOX; APT / SUITE #	; CI	ΓY; S	STATE; ZIP CODE		
ADDR		P O Box 120003					
	nange of Address	San Antonio TX 78212				Date Hand-delivered	or Date Postmarked
	lange of Address						
5 CAMP		TITLE FIRS			MI		
NAME	SURER	Mrs. Edith	M.			Receipt #	Amount
		NICKNAME LAST	<i>.</i> Γ		SUFFIX	Date Processed	L
:		McAll	lister			Date Imaged	
6 CAMP	'AIGN SURER	STREET ADDRESS (NO PO BOX PLEASE	E); APT / SUIT	E#; C	CITY; STATE;	ZIP CODE	
ADDR	ESS	203 Terrell Rd.					
(Resider	nce or business)	San Antonio TX 78209				•	
7 CAMP	MIGN	AREA CODE PHONE NUMB	BER	F	EXTENSION		, , , , , , , , , , , , , , , , , , , ,
TREA	SURER						
PHON	IE	(210) 444-2792					
8 REPO	RT TYPE	X January 15 30th d	lay before election		Runoff	15th day after can appointment (offic	
		July 15 8th da	y before election		Exceeded \$500 limit	Final report (Attac	h C/OH - FR)
9 PERIO		Month Day Year	TUDO		Month Da	ay Year	
COVE	RED	07/01/2003	THROU	JGH	12/31/2	2003	
					12/01/2		
10 ELEC	TION	ELECTION DATE Month Day Year	ELECTION TYP	PE	_	_	
			Primary		Runoff	General	Special
11 OFFIC	 CE	OFFICE HELD (if any)		12	OFFICE SOUGHT (if kno	own)	
	_	OFFICE HELD (if any) Other Mayor,City of San Antonio,TX					
12		Garry Mitorio, 174		1			
13 DIREC		Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.					
CAMPAIGN EXPENDITURE BY OTHER		Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.					
		Name					
אוטועו	IDUALS						
		Address/PO Box; Apt. / Suite #; Ci	ty; State; Z	ip Code			
addit addit	tional pages						
,		<u> </u>					······································
			GO TO F	PAGE 2			

CANDIDATE / OFFICEHOLDER	REPORT:
SUPPORT & TOTALS	

SUPPORT		SENDEDER REPORT.	Cover Suggran 2				
COLLOKI	G IOIAL	2004 JAN 15	COVER SHEET PG 2 PM 4: 05				
14 C/OH NAME		11	5 ACCOUNT #(Ethics Commission filers)				
EDWARD GARZA			7777777				
16 NOTICE FROM POLITICAL	may have been mad	stice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures.	ate / officeholder. These expenditures is and officeholders are required to report				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 NO REPORTABLE ACTIVITY	Check here if	no reportable activity occurred during this reporting period. (Sign affidavit below	v and submit pages 1 and 2 only.)				
18 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00				
·		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,670.00				
EXPENDITURE TOTALS	3. TOTAL F	\$ 0.00					
	4. TOTAL	POLITICAL EXPENDITURES	\$ 50,959.63				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$ 0.00				
19 AFFIDAVIT	1110170	l swear, or affirm, under penalty of per	jury, that the accompanying report				
THE TOTAL STREET	140 34	is true and correct and includes all info me under Title 15, Election Code.	rmation required to be reported by				
36							
		f.V the					
THE PARTY OF AN	IRES CA LIVE	Signature of Candida	te or Officeholder				
AFFIX NOTARY STAMP	-200,	<u>-</u>	ş / · · ·				
Sworn to and subscrib	ed before me, by t	he said EDWARD. D. GARZA	this the 15th day				
of ANUARY, 20	. A	ify which, witness my hand and seal of office.					
trell		MEUSSA D. CARRUD-HANDNA	1107 42 A				
Signature of officer adn	ninistering oath	Printed name of officer administering oath Title	of officer administering oath				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

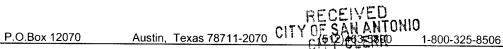
SCHEDULE A 1 (FOR EQRMS C/OH & SPAC)

THE MOTROCI	ION GUIDE explains how to complete this form.		Total pages this report: 3/51		
FILER NAME Edward Gai			3 ACCOUNT #	(Ethics Commission filers)	
Date	5 Full name of contributor uut-of-state PAC(ID# Pamela Bain)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable	
12/03/2003	6 Contributor address; City; State; Zip Code 1026 Central Pky		70.00		
	San Antonio TX 78232			 	
Principal occup	pation (Optional)	10 Employer (Optional	al)		
Date	Full name of contributor ut-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable	
11/15/2003	Contributor address; City; State; Zip Code 19230 Autumn Gdn.		1000.00		
	San Antonio TX 78258				
Principal occup	pation (Optional)	Employer (Optiona	ai)		
Date	Full name of contributor uut-of-state PAC(ID# Jesse Covarrubias)	Amount of contribution (\$)	In-kind contribution description (if applicable	
12/03/2003	Contributor address; City; State; Zip Code 204 Shalimar		200.00		
	San Antonio TX 78213				
Principal occup	pation (Optional)	Employer (Optional)			
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable	
12/03/2003	Contributor address; City; State; Zip Code 411 FM 473		150.00		
	Comfort TX 78013				
Principal occup	pation (Optional)	Employer (Optiona	il)		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable	
11/17/2003	Contributor address; City; State; Zip Code 2717 W Martin		1000.00		
	San Antonio TX 78207		İ		
	ation (Optional)	Employer (Optiona	l)	<u> </u>	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

	2004 JAN 15 PM 4: 05						
	The Instruction	ON GUIDE explains how to complete this form.		1	1 Total pages this report: 4/51		
2	FILER NAME Edward Gar			3 ACCOUNT #	d-Thics Commission filers)		
4	Date	Full name of contributor out-of-state PAC(ID# F. M. Fischer III)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	11/17/2003	6 Contributor address; City; State; Zip Code 2248 W. Magnolia		500.00			
		San Antonio TX 78201					
9	Principal occup	pation (Optional)	10 Employer (Option	al)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/03/2003	Contributor address; City; State; Zip Code 2115 Encino Cliff	• • • • • • • • • • • • • • • • • • • •	150.00			
		San Antonio TX 78259					
	Principal occup	pation (Optional)	Employer (Optional)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	11/17/2003	Contributor address; City; State; Zip Code 3312 Bryker Dr.		500.00			
		Austin TX 78703					
	Principal occup	pation (Optional)	Employer (Optional)				
	Date	Full name of contributor out-of-state PAC(ID# Grande Communitcations Networks PAC		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	11/17/2003	Contributor address; City; State; Zip Code 401 Carlson Cr.		1000.00	 		
		San Marcos TX 78666					
	Principal occup	ation (Optional)	Employer (Optional)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution cdescription (if applicable)		
	11/17/2003	Contributor address; City; State; Zip Code 14914 Lantern Lane		1000.00			
		San Antonio TX 78248			<u> </u>		
	Principal occup	ation (Optional)	Employer (Optional	al)	<u> </u>		
	·						



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
2004 JAN | 5(FOR) + Ohns (Light & SPAC)

The Instruction	סא Guide explains how to complete this form.		1 Total pages this report: 5/51		
2 FILER NAME Edward Gar			3 ACCOUNT # (Ethics Commission Mers) 7777777		
4 Date	5 Full name of contributor ☐ out-of-state PAC(ID# Hill-Granados Retail Partners,LP)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
11/17/2003	6 Contributor address; City; State; Zip Code 10223 McAllister Frwy	• • • • • • • • • • • • • • • • • • • •	1000.00		
	San Antonio TX 78216				
9 Principal occup	ation (Optional)	10 Employer (Option	al)	 	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/17/2003	Contributor address; City; State; Zip Code P O box 5250		1000.00		
	San Antonio TX 78201		· · · · · · · · · · · · · · · · · · ·		
Principal occup	ation (Optional)	Employer (Optional)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/17/2003	Contributor address; City; State; Zip Code 5710 NW Expressway		1000.00		
	San Antonio TX 78201			! 	
Principal occup	ation (Optional)	Employer (Optional)			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/17/2003	Contributor address; City; State; Zip Code 1226 E. Sunshine		1000.00		
	San Antonio TX 78228				
Principal occup	ation (Optional)	Employer (Optional)			
Date	Full name of contributor ut-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/17/2003	Contributor address; City; State; Zip Code 800 NW Loop 410		1000.00		
	San Antonio TX 78216				
Principal occupa	ation (Optional)	Employer (Optiona	al)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A 1 2004 JAM 15 Produced Rise C/OH & SPAC)

	The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this report: 6/51			
2	FILER NAME Edward Gar		3 ACCOUNT # (Ethics Commission filers) 77777777				
4	Date	5 Full name of contributor uut-of-state PAC(ID# Bobby Perez)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	11/17/2003	6 Contributor address; City; State; Zip Code P O Box 5344		1000.00			
		San Antonio TX 78201					
9	Principal occup	pation (Optional)	10 Employer (Option	al)			
	Date	Full name of contributor uut-of-state PAC(ID# Isacc Ramirez)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	11/17/2003	Contributor address; City; State; Zip Code c/o 2161 N. W. Military Hwy #111		1000.00			
	Principal occup	San Antonio TX 78213 Pation (Optional)	Employer (Optional)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	11/17/2003	Contributor address; City; State; Zip Code 8925 W IH 10		1000.00	·		
		San Antonio TX 78230					
	Principal occup	ation (Optional)	Employer (Optional)				
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	11/17/2003	Contributor address; City; State; Zip Code 120 Villita		1000.00			
		San Antonio TX 78205		:			
	Principal occup	ation (Optional)	Employer (Optional)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	11/17/2003	Contributor address; City; State; Zip Code 161 N W Military Hwy		1000.00			
		San Antonio TX 78213					
	Principal occupa	ation (Optional)	Employer (Optional)				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS 2004 JAN 15 PM 4: 05 SCHEDULE A 1

	The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this report: 7/51		
2	FILER NAME Edward Gar		:	3 ACCOUNT # (Ethics Commission filers) 77777777		
4	Date	5 Full name of contributor uut-of-state PAC(ID# Edward Torres)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	11/17/2003	6 Contributor address; City; State; Zip Code 3206 Falling Brook Dr.		1000.00		
		San Antonio TX 78258				
9	Principal occup	pation (Optional)	10 Employer (Option	al)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/03/2003	Contributor address; City; State; Zip Code 15365 Mutiny Ct.		100.00		
		Corpus Christi TX 78418				
	Principal occup	ation (Optional)	Employer (Optional)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/17/2003	Contributor address; City; State; Zip Code 335 E. Terra Alta		1000 .00		
		San Antonio TX 78209				
	Principal occup	ation (Optional)	Employer (Optional)			
	Date	Full name of contributor uut-of-state PAC(ID# G. W. Worth Jr.	, , , , , , , , , , , , , , , , , , ,	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/17/2003	Contributor address; City; State; Zip Code 6929 Camp Bullis Road		1000.00		
		San Antonio TX 78256		! 		
	Principal occup	ation (Optional)	Employer (Optional)			
	Date	Full name of contributor uut-of-state PAC(ID# Chris Wyatt)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/17/2003	Contributor address; City; State; Zip Code c/o 2161 N. W. Military Hwy		1000.00		
		San Antonio TX 78213		i I		
	Principal occupa	ation (Optional)	Employer (Optional)			

463-5800 1-800-325-8506

POLITI	CAL EXPENDITURES	2004 JAN 15 PM 4:	05 SCHEDULE F
The Instruction	ом Guide explains how to complete this form.	1 Total page 8/51	s report:
2 FILER NAME Edward Gar		3 ACCOU 7777777	NT # (Ethics Commission filers)
4 Date 07/02/2003	5 Payee name Alamo Travel Group 6 Payee address; City; State; Zip Code 9000 Wurzbach Rd San Antonio TX 78240		7 Amount (\$) 370.50
8 Purpose of expinformation rec Business Tra	•	Complete if direct expenditure to ben Candidate / Officeholder name	efit C/OH •• Office sought Office held
Date 08/ 19/2003	Payee name Alamo Travel Group Payee address; City; State; Zip Code 9000 Wurzbach Rd San Antonio TX 78240		Amount (\$) 901.00
Purpose of exp information red Business Tra	•	Complete if direct expenditure to ben Candidate / Officeholder name	efit C/OH · · · Office sought Office held
Date 09/09/2003	Payee name Alamo Travel Group Payee address; City; State; Zip Code 9000 Wurzbach Rd San Antonio TX 78240		Amount (\$) 1400.50
Purpose of exp information req Business Tra	,	Complete if direct expenditure to bene Candidate / Officeholder name	efit C/OH ** Office sought Office held
Date 09/15/2003	Payee name Alamo Travel Group Payee address; City; State; Zip Code 9000 Wurzbach Rd San Antonio TX 78240		Amount (\$) 370.00
Purpose of exp information req Business Trav	·	Complete if direct expenditure to bene Candidate / Officeholder name	efit C/OH Office sought Office held

9000 Wurzbach Rd

Purpose of expenditure (See instructions regarding type of information required.)

Business Travel

San Antonio TX 78240

C-6512)463-5800 1-800-325-8506

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 POLITICAL EXPENDITURES 2004 JAN 15 PM 4: 05SCHEDULE F The Instruction Guide explains how to complete this form. Total pages report: 9/51 FILER NAME ACCOUNT # (Ethics Commission filers) Edward Garza 7777777 Date 5 Payee name Amount (\$) 09/23/2003 Alamo Travel Group 803.12 6 Payee address; City; State; Zip Code 9000 Wurzbach Rd San Antonio TX 78240 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held **Business Travel** Date Payee name Amount (\$) 10/06/2003 Alamo Travel Group 702.00 Payee address; City; State; Zip Code 9000 Wurzbach Rd San Antonio TX 78240 Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name Office sought Office held **Business Travel** Date Payee name Amount (\$) 10/09/2003 Alamo Travel Group 247.00 Payee address; City; State; Zip Code 9000 Wurzbach Rd San Antonio TX 78240 Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held **Business Travel** Date Payee name Amount (\$) 10/23/2003 Alamo Travel Group 583.50 Payee address; City; State; Zip Code

Complete if direct expenditure to	benefit C/OH **	
Candidate / Officeholder name	Office sought	Office held
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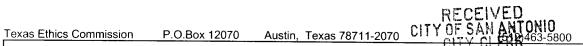
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The Instructi	ON GUIDE explains how to complete this form.		1 Total pages 10/51	report:
2 FILER NAMI Edward Gar			3 ACCOUN 7777777	IT # (Ethics Commission filers) 7
4 Date	5 Payee name			7 Amount
11/18/2003	6 Payee address; City; State; Zip Code 9000 Wurzbach Rd		• • • • • • • • • • • • • • • • • • • •	(\$) 521.00
0.5	San Antonio TX 78240			
8 Purpose of exinformation rei Business Tra	• •	9 Complete if direct experience Candidate / Officeholder n	enditure to bene ame	fit C/OH ** Office sought Office held
Date	Payee name			Amount
12/16/2003	Alamo Travel Group			(\$) 444.38
	Payee address; City; State; Zip Code 9000 Wurzbach Rd			
	San Antonio TX 78240			
Purpose of exp information red Business Tra		Complete if direct expe Candidate / Officeholder n		fit C/OH •• Office sought Office held
Date	Payee name			Amount
07/17/2003	Ruben Alfaro			(\$) 150.00
	Payee address; City; State; Zip Code			100.00
	203 Upton			
	San Antonio TX 78212			
Purpose of exp information red Event Photog		Complete if direct expe Candidate / Officeholder na	enditure to benef ame c	iit,C/OH •• Office held
Date	Payee name		I	Amount
10/21/2003	Ruben Alfaro			(\$) 100.00
	Payee address; City; State; Zip Code 203 Upton			100,000
	San Antonio TX 78212			
Purpose of exp information req Event Photog		Complete if direct expe Candidate / Officeholder na		it C/OH •• Office held

SCHEDULE F 2004 10M 15 PM 1. DE

			-0010///011	Pri 4: 05
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages re 11/51	eport:
2 FILER NAME Edward Gar			3 ACCOUNT 77777777	# (Ethics Commission filers)
4 Date	5 Payee name	71	7	
12/02/2003	Bar-B-Que Patio			(\$) 160.00
	6 Payee address; City; State; Zip Code 8791 Old Pearsal Road	• • • • • • • • • • • • • • • • • • • •		
	San Antonio TX 78252			
information red	penditure (See instructions regarding type of quired.) ness Luncheon	9 Complete if direct expe Candidate / Officeholder n		C/OH •• ice sought Office held
Date	Payee name			Amount
09/15/2003	Berett Productions			(\$) 911.82
	Payee address; City; State; Zip Code		• • • • • • • • • • • • • • • • • • • •	
	1456 Tiger Lake Drive			
	Gulf Breeze FL 32563			,
information red	penditure (See instructions regarding type of quired.) eproduction Cards & Envelopes	Complete if direct expe Candidate / Officeholder n		C/OH · · · Office held
Date	Payee name			Amount
12/02/2003	Berett Productions			(\$) 911.82
	Payee address; City; State; Zip Code			
	1456 Tiger Lake Drive			
	Gulf Breeze FL 32563			
information req	penditure (See instructions regarding type of juired.) production/Cards & Envelopes	Complete if direct expe Candidate / Officeholder na	enditure to benefit ame Offi	C/OH · · · ce sought Office held
Date	Payee name			Amount
12/22/2003	Buono Dolce Sig. Desserts			(\$) 40.00
	Payee address; City; State; Zip Code			
	951 Cincinnati Avenue			
	San Antonio TX 78201			
Purpose of exp information req Business/Dini	· 1	Complete if direct expe Candidate / Officeholder na		C/OH •• De sought Office held
			- 	

2004 JAN 15 PM 4: 05 SCHEDULE F

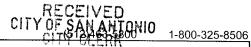
		Zilla deis		
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages 12/51	report:
2 FILER NAMI Edward Gar			3 ACCOUN 7777777	T # /Ethics Commission filers)
4 Date	5 Payee name			7 Amount
07/02/2003	C. P. S.			(\$) 178.95
	6 Payee address; City; State; Zip Code		• • • • • • • • • •	170.00
	P O Box 2678			
	San Antonio TX 78289			
8 Purpose of expiring information red Utilities	penditure (See instructions regarding type of quired.)	9 Complete if direct experience of Candidate / Officeholder n		fit C/OH ** Office sought Office held
Date	Payee name			Amount
07/25/2003	C. P. S.			(\$) 65.00
	Payee address; City; State; Zip Code			05.00
	P O Box 2678			
	San Antonio TX 78289			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe		fit C/OH ··
information red Reimbursem	quirea.) ent/APPA Dinner	Candidate / Officeholder na	ame (Office sought Office held
Date	Payee name			Amount
07/28/2003	C. P. S.			(\$) 1.65
	Payee address; City; State; Zip Code			1.05
	P O Box 2678			
	San Antonio TX 78289			
Purpose of exp information red Utilities	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		fit C/OH ** Office sought Office held
Date	Payee name			Amount
08/19/2003	C. P. S.			(\$) 200.77
	Payee address; City; State; Zip Code			200.17
	P O Box 2678			
	San Antonio TX 78289			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe		
Utilities		Gandidate / Officeholder na	ime O	ffice sought Office held



POLITICAL EXPENDITURES

2004 JAH 15 PH 4: 06 SCHEDULE F

		20010244		
The Instruction	อง Guide explains how to complete this form.		1 Total pages 13/51	report:
2 FILER NAME Edward Gar			3 ACCOUN 7777777	T # (Ethics Commission filers)
4 Date	5 Payee name			7 Amount
09/10/2003	C. P. S.			(\$) 353.85
	6 Payee address; City; State; Zip Code			000.00
	P O Box 2678			
	San Antonio TX 78289			
8 Purpose of exp	penditure (See instructions regarding type of	9 Complete if direct expe		
Utilities	quileu.)	Candidate / Officeholder n	ame (Office sought Office held
Date	Payee name			Amount
09/30/2003	C. P. S.			(\$) 6.08
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		. 0.00
	P O Box 2678			
	San Antonio TX 78289			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe		
Utilities	an od.)	Candidate / Officeholder na	ame (Office sought Office held
Date	Payee name			Amount
10/23/2003	C. P. S.			(\$) 11.79
	Payee address; City; State; Zip Code			11.73
	P O Box 2678			
	San Antonio TX 78289			:
Purpose of exp	enditure (See instructions regarding type of	Complete if direct expe	nditure to benef	it C/OH
Utilities	unou.,	Candidate / Officeholder na	ime ()	ffice sought Office held
Date	Payee name			Amount
10/23/2003	C. P. S.			(\$) 247.64
ľ	Payee address; City; State; Zip Code			
	P O Box 2678			
	San Antonio TX 78289			
Purpose of exp	enditure (See instructions regarding type of uired.)	Complete if direct expe		
Utilities	,	Candidate / Officenoider na	me O	ffice sought Office held
= -:				



2004 JAN 15 PM 4: 06

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages 14/51	report:
2 FILER NAME Edward Gar		• *	3 ACCOUN 7777777	T # (Ethics Commission filers)
4 Date 12/02/2003	 Fayee name C. P. S. Payee address; City; State; Zip Code P O Box 2678 San Antonio TX 78289 	•••••••••••••••••••••••••••••••••••••••		7. Amount (\$) 5.99
8 Purpose of exp information red Utilities	penditure (See instructions regarding type of quired.)	9 Complete if direct exp Candidate / Officeholder r	enditure to bene name	fit C/OH •• Office sought Office held
Date 12/11/2003	Payee name C. P. S. Payee address; City; State; Zip Code P O Box 2678 San Antonio TX 78289			Amount (\$) 220.27
Purpose of exp information red Utilities	penditure (See instructions regarding type of juired.)	Complete if direct exp Candidate / Officeholder n		fit C/OH •• Office held
Date 11/18/2003	Payee name Melissa Cabello-Havrda Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283			Amount (\$) 290.92
information req	penditure (See instructions regarding type of uired.) ent/Office Expenses	Complete if direct expe Candidate / Officeholder n	enditure to benef ame o	fit C/OH ' * Uffice sought Office held
Date 12/22/2003	Payee name Melissa Cabello-Havrda Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283			Amount (\$) 301.50
information requ	enditure (See instructions regarding type of uired.) ent/Office Expenses	Complete if direct expe Candidate / Officeholder na		it C/OH •• ffice sought Office held

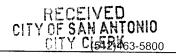
THE MOTRUE!	FION GUIDE explains how to complete this form.		1 Total page 15/51	s report:
2 FILER NAM Edward Ga			 	NT # (Ethics Commission filers)
1 Date	5 Payee name		<u> </u>	7 Amount
09/15/2003	Angela Cardenas			(\$) 803.00
	6 Payee address; City; State; Zip Code		• • • • • • • • • • • • • • • • • • • •	333.55
	701 Balcones #19			
	San Antonio TX 77845			
8 Purpose of exinformation re	xpenditure (See instructions regarding type of	9 Complete if direct ex		efit C/OH **
	equired.) Il model of downtown City of San Antonio -	Candidate / Officeholder	name	Office sought Office held
,TX	·			
Date	Payee name			Amount
07/30/2003	Cavender Properties			(\$) 1500.00
	Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	1300.00
	215 W Travis			
	San Antonio TX 78205			
Purpose of ex	xpenditure (See instructions regarding type of	Complete if direct exp	penditure to ben	efit C/OH ••
Purpose of ex information re Rent	xpenditure (See instructions regarding type of equired.)	Complete if direct exp Candidate / Officeholder		Efit C/OH •• Office sought Office held
information re	xpenditure (See instructions regarding type of equired.)			
information re	kpenditure (See instructions regarding type of equired.) Payee name			
information re Rent	equired.)			Office sought Office held Amount (\$)
information re Rent Date	Payee name Cavender Properties	Candidate / Officeholder		Office sought Office held Amount
information re Rent Date	Payee name Cavender Properties	Candidate / Officeholder		Office sought Office held Amount (\$)
information re Rent Date	Payee name Cavender Properties Payee address; City; State; Zip Code	Candidate / Officeholder		Office sought Office held Amount (\$)
Date 09/30/2003 Purpose of ex	Payee name Cavender Properties Payee address; City; State; Zip Code 215 W Travis San Antonio TX 78205	Candidate / Officeholder	name	Office sought Office held Amount (\$) 1500.00
Date	Payee name Cavender Properties Payee address; City; State; Zip Code 215 W Travis San Antonio TX 78205	Candidate / Officeholder	name	Office sought Office held Amount (\$) 1500.00
Date O9/30/2003 Purpose of exinformation re	Payee name Cavender Properties Payee address; City; State; Zip Code 215 W Travis San Antonio TX 78205	Candidate / Officeholder	name	Amount (\$) 1500.00
Date O9/30/2003 Purpose of exinformation re	Payee name Cavender Properties Payee address; City; State; Zip Code 215 W Travis San Antonio TX 78205	Candidate / Officeholder	name	Amount (\$) 1500.00
Date 09/30/2003 Purpose of exinformation re	Payee name Cavender Properties Payee address; City; State; Zip Code 215 W Travis San Antonio TX 78205 penditure (See instructions regarding type of quired.)	Candidate / Officeholder	name	Amount (\$) 1500.00 Amount Office sought Office held Amount (\$)
Date O9/30/2003 Purpose of exinformation re Rent Date	Payee name Cavender Properties Payee address; City; State; Zip Code 215 W Travis San Antonio TX 78205 penditure (See instructions regarding type of quired.) Payee name Cavender Properties	Candidate / Officeholder Complete if direct exp Candidate / Officeholder	name	Amount (\$) 1500.00 effit C/OH Amount Office sought Office held
Date O9/30/2003 Purpose of exinformation re Rent Date	Payee name Cavender Properties Payee address; City; State; Zip Code 215 W Travis San Antonio TX 78205 Expenditure (See instructions regarding type of equired.) Payee name Cavender Properties	Candidate / Officeholder Complete if direct exp Candidate / Officeholder	name	Amount (\$) 1500.00 Amount Office sought Office held Amount (\$)
Date O9/30/2003 Purpose of exinformation re Rent Date	Payee name Cavender Properties Payee address; City; State; Zip Code 215 W Travis San Antonio TX 78205 Expenditure (See instructions regarding type of equired.) Payee name Cavender Properties Payee address; City; State; Zip Code	Candidate / Officeholder Complete if direct exp Candidate / Officeholder	name	Amount (\$) 1500.00 Amount Office sought Office held Amount (\$)
Date O9/30/2003 Purpose of exinformation re Rent Date O9/30/2003	Payee name Cavender Properties Payee address; City; State; Zip Code 215 W Travis San Antonio TX 78205 Expenditure (See instructions regarding type of equired.) Payee name Cavender Properties Payee address; City; State; Zip Code 215 W Travis San Antonio TX 78205 penditure (See instructions regarding type of	Candidate / Officeholder Complete if direct exp Candidate / Officeholder	penditure to beneate	Amount (\$) 1500.00 Amount (\$) 1500.00 Amount (\$) 1500.00

	Payee address; City; State; Zip Coo P O Box 659564 Dallas TX 75265	de	
Purpose of ex information re- Telephone	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to benef Candidate / Officeholder name O	it C/OH •• ffice sought Office held
Date	Payee name		Amount
07/30/2003	Cingular		(\$) 57.8 4
	Payee address; City; State; Zip Cod	e	
	P O Box 659564		
	Dallas TX 75265		
Purpose of exp information red Telephone	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to benefit Candidate / Officeholder name	it C/OH •• ffice sought Office held

POLITICAL EXPENDITURES

2004 JAN 15 PM 4:SCHEDULE F

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 17/51	
2 FILER NAME Edward Gar			3 ACCOUNT # (FI	nics Commission filers)
4 Date 08/18/2003	 5 Payee name Cingular 6 Payee address; City; State; Zip Code P O Box 659564 Dallas TX 75265 			Amount (\$) 785.36
8 Purpose of exinformation red Telephone	penditure (See instructions regarding type of quired.)	9 Complete if direct experience Candidate / Officeholder n	enditure to benefit C/OF name Office soug	
Date 09/15/2003	Payee name Cingular Payee address; City; State; Zip Code P O Box 659564 Dallas TX 75265			Amount (\$) 442.57
Purpose of exp information red Telephone	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ame Office soug	
Date 09/24/2003	Payee name Cingular Payee address; City; State; Zip Code P O Box 659564 Dallas TX 75265			Amount (\$) 290.00
Purpose of exp information red Telephone	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ame Office soug	
Date 09/29/2003	Payee name Cingular Payee address; City; State; Zip Code P O Box 659564 Dallas TX 75265			Amount (\$) 359.72
Purpose of exp information red Telephone	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ame Office soug	



POLITICAL EXPENDITURES

2004 JAN 15 PM 4: 0 SCHEDULE F

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The Instructi	ON GUIDE explains how to complete this form.		1 Total pages report: 18/51	
2 FILER NAMI Edward Gar			3 ACCOUNT # (Ethics 77777777	s Commission filers)
4 Date 11/18/2003	5 Payee name Cingular 6 Payee address; City; State; Zip Code P O Box 659564 Dallas TX 75265 penditure (See instructions regarding type of			Amount (\$) 270.00
information red Telephone	quired.)	Candidate / Officeholder na	enditure to benefit C/OH * ame Office sought	
Date 11/18/2003	Payee name Cingular Payee address; City; State; Zip Code P O Box 659564 Dallas TX 75265			Amount (\$) 390.30
Purpose of exp information red Telephone	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na	nditure to benefit C/OH • me Office sought	• Office held
Date 12/02/2003	Payee name Cingular Payee address; City; State; Zip Code P O Box 659564 Dallas TX 75265			Amount (\$) 290.00
Purpose of exp information red Telephone	penditure (See instructions regarding type of uired.)	Complete if direct exper Candidate / Officeholder na	nditure to benefit C/OH * me Office sought	• Office held
Date 12/18/2003	Payee name Cingular Payee address; City; State; Zip Code P O Box 659564 Dallas TX 75265			Amount (\$) 168.31
Purpose of exp information req Telephone	enditure (See instructions regarding type of uired.)	Complete if direct exper Candidate / Officeholder nar	nditure to benefit C/OH * me Office sought	Office held

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The Instructi	ION GUIDE explains how to complete this form.		1 Total pages report	t
2 FILER NAM Edward Ga		7. 4	3 ACCOUNT # 77777777	(Etnics Commission filers)
4 Date	5 Payee name		7	Amount
07/01/2003	City of San Antonio			(\$) 35.78
	6 Payee address; City; State; Zip Coo			33.70
	P O Box 839966			
	San Antonio TX 78283			
8 Purpose of ex information re	penditure (See instructions regarding type of	9 Complete if direct ex	penditure to benefit C/	
	quired.) hent/Mayor Business Travel	Candidate / Officeholder	name Office s	ought Office held
	·			
Date	Payee name			Amount
07/02/2003	City of San Antonio			(\$) 3.60
	Payee address; City; State; Zip Cod	e		3.00
	P O Box 839966			
	San Antonio TX 78283			
Purpose of ex information re-	penditure (See instructions regarding type of		penditure to benefit C/0	
	uent/Phone Charges	Candidate / Officeholder	name Office s	ought Office held
Date	Payee name			Amount
07/30/2003	City of San Antonio			(\$) 2.26
	Payee address; City; State; Zip Cod-	• · · · · · · · · · · · · · · · · · · ·		2.20
	P O Box 839966			
	San Antonio TX 78283			
Purpose of exp	openditure (See instructions regarding type of purified.)	Complete if direct exp	penditure to benefit C/C	
	ent/Telephone	Candidate / Officeriolde/	name Office so	ought Office held
				:
Date	Payee name			Amount
07/30/2003	City of San Antonio			(\$) 110.52
	Payee address; City; State; Zip Code			1.0.02
	P O Box 839966			
	San Antonio TX 78283			
Purpose of exp	penditure (See instructions regarding type of juired.)	Complete if direct exp	penditure to benefit C/C	
	ent/Mayor Business Travel	Candidate / Onicendider (Office so	ought Office held

ICAL EXPENDITURES	2004 JAN 15 PI	H 4: 06	SCHEDULE F
ION GUIDE explains how to complete this form.		1 Total pages 20/51	s report:
E rza	Adv	3 ACCOUN 7777777	NT # (Ethics Commission filers)
5 Payee name		<u> </u>	7 Amount
City of San Antonio			(\$) 10.36
6 Payee address; City; State; Zip Code P O Box 839966			10.30
San Antonio TX 78283			
penditure (See instructions regarding type of quired.) nent/Telephone Charges		•	Lefit C/OH ** Office sought Office held
Payee name			Amount
City of San Antonio			(\$)
			35.00
P O Box 839966			
San Antonio TX 78283			
penditure (See instructions regarding type of quired.) ent		•	efit C/OH •• Office sought Office held
Payee name			Amount
City of San Antonio			(\$)
			150.00
P O Box 839966			
San Antonio TX 78283			
penditure (See instructions regarding type of	Complete if direct e	ynanditure to henot	6+ C/OU **
quired.)	Candidate / Officeholde		Office sought Office held
Silv Dusinioss Travel			
Pavee name			Amazum
,			Amount (\$)
			100.00
,, , <u></u>			
penditure (See instructions regarding type of	Complete if direct or	··· anditure to honof	C: 0/0D
uired.) ent/Mayor Conference Registration to N -			nt C/OH •• Office held
	5	Town Guine explains how to complete this form. ETZ3 5 Payee name City of San Antonio 6 Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 Payee name City of San Antonio Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 Payee name City of San Antonio Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 Payee name City of San Antonio Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 Payee name City of San Antonio Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 Payee name City of San Antonio Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 Payee name City of San Antonio Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 Payee name City of San Antonio Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 Payee name City of San Antonio Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 Payee name City of San Antonio Complete if direct e Candidate / Officeholds Complete if direct e Candidate / Officeholds Complete if direct e Candidate / Officeholds	E TZ2 3 ACCOUNTTTTTTT 5 Payee name City of San Antonio 6 Payee address: City: State; Zip Code P O Box 839966 San Antonio TX 78283 penditure (See instructions regarding type of quired.) Payee address: City: State; Zip Code P O Box 839966 San Antonio TX 78283 Payee name City of San Antonio Payee address: City: State; Zip Code P O Box 839966 San Antonio TX 78283 Payee name City of San Antonio Payee address: City: State; Zip Code P O Box 839966 San Antonio TX 78283 Payee name City of San Antonio Payee address: City: State; Zip Code P O Box 839966 San Antonio TX 78283 Payeenditure (See instructions regarding type of quired.) Payee name City of San Antonio Payee address: City: State; Zip Code P O Box 839966 San Antonio TX 78283 Payeenditure (See instructions regarding type of quired.) Payee name City of San Antonio Payee saddress: City: State; Zip Code P O Box 839966 San Antonio TX 78283 Payeenditure (See instructions regarding type of quired.) Complete if direct expenditure to beneficiant of the payee address: City: State; Zip Code P O Box 839966 San Antonio TX 78283 Payee name City of San Antonio Payee saddress: City: State; Zip Code P O Box 839966 San Antonio TX 78283 Payee name City of San Antonio Payee saddress: City: State; Zip Code P O Box 839966 San Antonio TX 78283 Payee saddress: City: State; Zip Code P O Box 839966 San Antonio TX 78283 Payee saddress: City: State; Zip Code P O Box 839966 San Antonio TX 78283 Payee saddress: City: State; Zip Code P O Box 839966 San Antonio TX 78283

POLITICAL EXPENDITURES

2004 JAN 15 PM 456HEDULE F

The Instruction	อง Guide explains how to complete this form.		1 Total pages report: 21/51	
2 FILER NAME Edward Gar			3 ACCOUNT # (Ethics C	ommission filers)
4 Date	5 Payee name		7	Amount
09/ 17/20 03	City of San Antonio 6 Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283			(\$) 240.00
information red	penditure (See instructions regarding type of quired.) ent/Mayor Membership in NLC	9 Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH ** name Office sought	Office held
Date	Payee name			Amount
09/30/2003	City of San Antonio			(\$) 2.52
	Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283			
information req Reimburseme	ent/Phone Charges	Complete if direct expr Candidate / Officeholder n	enditure to benefit C/OH •• ame Office sought	Office held
Date	Payee name			Amount (\$)
11/14/2003	City of San Antonio Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283			4214.00
Information req Reimburseme		Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ** ame Office sought	Office held
Date	Payee name			Amount
11/18/2003	City of San Antonio Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283			(\$) 752.50
information requ	enditure (See instructions regarding type of uired.) ent/Mayor's Business Luncheon	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ** ame Office sought	Office held

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Cons				SCHEDULE	F
Z009	JAN	15	PH	h: NK	

The Instructi	ON GUIDE explains how to complete this form.		1 Total pages 22/51	report:
2 FILER NAM Edward Gai			3 ACCOUN 7777777	T # (Ethics Commission filers)
4 Date	5 Payee name			7 Amount
11/18/2003	City of San Antonio			(\$) 21.62
	6 Payee address; City; State; Zip Code		• • • • • • • • • • • • • • • • • • • •	21.02
	P O Box 839966			
	San Antonio TX 78283			
8 Purpose of ex information re-	penditure (See instructions regarding type of	9 Complete if direct expe		fit C/OH **
Telephone	quirea.)	Candidate / Officeholder n	ame (Office sought Office held
Date	Рауее пате			Amount
08/08/2003	Clark Booster Club			(\$)
	Payee address; City; State; Zip Code			85.00
	7 Inwood Moss			
	San Antonio TX 78248			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe	nditure to benef	fit C/OH ••
information red Advertising	quired.)	Candidate / Officeholder na		office sought Office held
· iar artialing				
Date	Payee name			Amount
07/01/2003	David Roa Pruitt Campaign			(\$)
3770 172000				250.00
	Payee address; City; State; Zip Code P O Box 2111			
	Colton CA 92324			
Purpose of exr	penditure (See instructions regarding type of	Computed if direct		
information red Campaign Co	juired.)	Complete if direct expe Candidate / Officeholder na	me to benef	IT G/OH === ffice sought Office held
Campaign Ct	ontribution			
Date	Payer name			
	Payee name			Amount (\$)
07/31/2003	Delta Airlines			197.50
ļ	Payee address; City; State; Zip Code			
	AU 1 01 0000			
D	Atlanta GA 30320			
information req	· · · · · · · · · · · · · · · · · · ·	Complete if direct exper Candidate / Officeholder na		t C/OH ** fice sought Office held
Business Tra	vel			

			2004 JAN 15 P	SCHEDULE F Н 4: 06
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages report: 23/51	
2 FILER NAM Edward Gar			3 ACCOUNT # 77777777	Ethics Commission filers)
4 Date	5 Payee name		7	Amount
11/05/2003	Delta Airlines			(\$) 420.00
	6 Payee address; City; State; Zip Code Atlanta GA 30320			720.00
8 Purpose of ex	penditure (See instructions regarding type of	9 Complete if direct exp	anditure to benefit C/C	M
information red Business Tra	quired.)	Candidate / Officeholder r	enditure to benefit C/C name Office so	
Date	Payee name	The state of the s		Amount
08/08/2003	Diamondbacker Sports Association			(\$) 145.00
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		140.00
	16919 Hidden Oak Woods			
	San Antonio TX 78248			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe	enditure to benefit C/O	н ••
information red Advertising	quired.)	Candidate / Officeholder n		
Date	Payee name			Amount
08/08/2003	East Centeral Athletic Program			(\$) 330.00
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	330.00
	7215 S WWWhite Road			
	San Antonio TX 78248			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe	enditure to benefit C/O	н ••
information red Advertising	juired.)	Candidate / Officeholder n	ame Office sou	
Date	Payee name			Amount
09/23/2003	Election Support Services Inc.			(\$) 539.38
	Payee address; City; State; Zip Code			555.50
	5309 McCullough			
	San Antonio TX 78212			
Purpose of exp	enditure (See instructions regarding type of	Complete if direct expe	enditure to benefit C/O	H
information req Map Analysis	urred.)	Candidate / Officeholder na		

POLITICAL EXPENDITURES

2004 JAN 15 PROHEDBULE F

The Instructi	ON GUIDE explains how to complete this form.		1 Total pages 24/51	report:
2 FILER NAMI Edward Gar			3 ACCOUN 7777777	T # (Ethics Commission filers)
4 Date 07/27/2003	 5 Payee name Enterprise 6 Payee address; City; State; Zip Code 520 S. Olive Los Angeles CA 90013 			7 Amount (\$) 259.77
8 Purpose of ex information red Auto Rental	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n		fit C/OH ** Office sought Office held
Date 07/30/2003	Payee name Enterprise Payee address; City; State; Zip Code DFW Airport Dallas TX 75261			Amount (\$) 144.29
Purpose of exp information red Auto Rental	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		fit C/OH •• Office sought Office held
Date 11/21/2003	Payee name Enterprise Payee address; City; State; Zip Code 8601 Panair St Houston TX 77061			Amount (\$) 152.59
Purpose of exp information req Auto Rental	enditure (See instructions regarding type of uired.)	Complete if direct expe Candidate / Officeholder na		it C/OH ** (fice sought Office held
Date 10/20/2003	Payee name David Espinoza Payee address; City; State; Zip Code P O Box839966 San Antonio TX 78283			Amount (\$) 75.92
information requ	enditure (See instructions regarding type of uired.) ent/Office Expenses	Complete if direct exper Candidate / Officeholder na		it C/OH ** ffice sought Office held

POLITICAL EXPENDITURES

2004 JAN 15 PM LACTEDULE F

The Instruction	ION GUIDE explains how to complete this form.	1 Total pages report: 25/51	
FILER NAM Edward Ga	_	3 ACCOUNT # (Ethics Commission I 77777777	ilers)
Date 07/30/2003	 5 Payee name Frost Bank 6 Payee address; City; State; Zip Coo San Antonio TX 78212 		nt 2.50
Purpose of ex information re Printing/Che	penditure (See instructions regarding type of equired.)	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office	held
Date 10/21/2003	Payee name Frost Bank Payee address; City; State; Zip Coo	* * * * * * * * * * * * * * * * * * * *	t .00
information red Service Chai		Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name Office sought Office	held
Date	Douga name		
10/07/2003	Payee name Ed Garza Payee address; City; State; Zip Cod P O Box 839966 San Antonio TX 78283	Amount (\$)	
10/07/2003 Purpose of expinformation reco	Ed Garza Payee address; City; State; Zip Cod P O Box 839966 San Antonio TX 78283 penditure (See instructions regarding type of	(\$) 102	.84
10/07/2003 Purpose of expinformation reco	Ed Garza Payee address; City; State; Zip Cod P O Box 839966 San Antonio TX 78283 penditure (See instructions regarding type of quired.) ent/Business Travel Payee name Ed Garza	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office (\$) Amount (\$) 8.	.84

POLITI	CAL EXPENDITURES	2004 JAN 15	PM 4: 06	SCHEDULE F
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages rep 26/51	ort:
2 FILER NAME Edward Gar			3 ACCOUNT # 77777777	# (Ethics Commission filers)
4 Date 11/18/2003 8 Purpose of eximple information received.	5 Payee name Ed Garza 6 Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 Deenditure (See instructions regarding type of quired.)	9 Complete if direct experiments		Amount (\$) 102.84
	ent/Business Travel		ane one	- sought - Office field
Date 11/18/2003	Payee name Ed Garza Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283			Amount (\$) 519.25
information red	penditure (See instructions regarding type of quired.) ent - Business Travel	Complete if direct expe Candidate / Officeholder n		C/OH •• sought Office held
Date 11/18/2003	Payee name Ed Garza Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283			Amount (\$) 253.81
information req	enditure (See instructions regarding type of uired.) ursement - Auto Rental	Complete if direct expe Candidate / Officeholder na		/OH ** sought Office held
Date 11/19/2003	Payee name Ed Garza Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283			Amount (\$) 229.11
information requ	enditure (See instructions regarding type of uired.) ursement - Auto Rental	Complete if direct expe Candidate / Officeholder na		/OH · · sought Office held

POLITICAL EXPENDITURES

2004 JAN 15 PM SCHEDULE F

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report. 27/51	
2 FILER NAME Edward Gar			3 ACCOUNT # (EL 77777777	hics Commission filers)
4 Date 07/01/2003 8 Purpose of expinformation reconstruction Business Tra	6 Payee address; City; State; Zip Code 2800 Opryland Drive Nashville TN 37214 penditure (See instructions regarding type of quired.)	Complete if direct experiments Candidate / Officeholder na		
Date 11/10/2003	Payee name Hilton Hotel Payee address; City; State; Zip Code 1335 Ave of the Americas New York NY 10019			Amount (\$) 1241.87
Purpose of exp information req Business Tra		Complete if direct expe Candidate / Officeholder na		
Date 07/15/2003	Payee name Hilton New Orleans Riverside Payee address; City; State; Zip Code 2 Poydras Street New Orleans LA 70140			Amount (\$) 126.17
Purpose of exp information req Business Tra	•	Complete if direct exper Candidate / Officeholder na	nditure to benefit C/OH ime Office sough	
Date 09/09/2003	Payee name Hotel Washington Payee address; City; State; Zip Code 515 15th Street NW Washington DC 20004			Amount (\$) 194.93
Purpose of exp information requ Business Trav	,	Complete if direct exper Candidate / Officeholder nai	nditure to benefit C/OH me Office sough	

SCHEDULE F

		2004 JAN	15 PM 4	: U6
The Instruction	ом Guide explains how to complete this form.		1 Total pages 28/51	report:
2 FILER NAME Edward Gar			3 ACCOUN 77777777	T.# (Ethics Commission filers)
4 Date	5 Payee name			7 Amount
09/10/2003	L. U. L. A. C. Council			(\$) 450.00
	6 Payee address; City; State; Zip Code			150.00
	11514 Jones Maltsberger			
	San Antonio TX 78216			
8 Purpose of exp	penditure (See instructions regarding type of	9 Complete if direct expe	n dituna ta la ana	EL C/O/L **
information red Advertising	quired.)	9 Complete if direct expe Candidate / Officeholder na		If C/OH Office sought Office held
Date	Payee name			Amount
09/09/2003	La Prensa Newspaper			(\$)
				160.00
	Payee address; City; State; Zip Code 318 S Flores			
	310 S Fiores			
	San Antonio TX 78204			
Purpose of exp	penditure (See instructions regarding type of juired.)	Complete if direct exper Candidate / Officeholder na		it C/OH · · · Office held
Advertising				
Date	Payee name			Amount
08/07/2003	Lanier High School			(\$) 70.00
,	Payee address; City; State; Zip Code			7 0.00
	1514 W.Durango Blvd.			
	San Antonio TX 78207			
Purpose of exp	enditure (See instructions regarding type of	Complete if direct exper	aditure to benef	it C/OH **
information req Advertising	uired.)	Candidate / Officeholder na		ffice sought Office held
Advertising				
Date	Payee name		T	
	•			Amount (\$)
12/03/2003	Joe Lopez			1000.00
	Payee address; City; State; Zip Code			
	1913 S. Flores			
	San Antonio TX 78204			
Purpose of expension required	enditure (See instructions regarding type of uired.)	Complete if direct exper Candidate / Officeholder nar		
Art Works		Candidate / Officeriolider Har	or Of	fice sought Office held

2004 JAN 15 PM SCHEDULE F

		£ tiu-	TOMES TO TE	1 4- 00
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages re 29/51	port:
2 FILER NAME Edward Gar		The state of the s	3 ACCOUNT 77777777	# (Ethics Commission filers)
information red	5 Payee name Chris Madrids 6 Payee address; City; State; Zip Code 1900 Blanco San Antonio TX 78212 cenditure (See instructions regarding type of quired.) ent/Office Expenses	9 Complete if direct exp Candidate / Officeholder r		Amount (\$) 106.89
Date 09/29/2003	Payee name Chris Madrids Payee address; City; State; Zip Code 1900 Blanco San Antonio TX 78212			Amount (\$) 87.42
information req	penditure (See instructions regarding type of quired.) ent/Office Expenses	Complete if direct exp Candidate / Officeholder n		C/OH •• ce sought Office held
Date 07/27/2003	Payee name Millennium Biltmore Payee address; City; State; Zip Code 506 S Grand Los Angeles CA 90071			Amount (\$) 500.27
Purpose of exp information req Business Tra	,	Complete if direct expe Candidate / Officeholder n		C/OH •• ve sought Office held
Date 07/28/2003	Payee name Eva Neubert Payee address; City; State; Zip Code 1223 Avenue B San Antonio TX 78215			Amount (\$) 1000.00
Purpose of expinformation requestions	enditure (See instructions regarding type of uired.)	Complete if direct expe Candidate / Officeholder na		C/OH ' ' e sought Office held

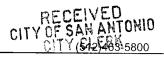
2004 JAN 15 PM 4: 06

The Instruction	อง Guide explains how to complete this form.		1 Total pages 30/51	report:
2 FILER NAME Edward Gar			3 ACCOUN 77777777	# (Ethics Commission filers)
4 Date	5 Payee name			7 Amount
07/28/2003	Eva Neubert			(\$) 78.08
	6 Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		70.00
	1223 Avenue B			
	San Antonio TX 78215			
8 Purpose of exp	penditure (See instructions regarding type of	9 Complete if direct expe	anditure to honor	Gt C/OH ::
information red	quired.)	Candidate / Officeholder na	ame o	ffice sought Office held
Reimbursem	ents/Office Expenses			
Date	Payee name			
	,			Amount (\$)
08/31/2003	Eva Neubert			1000.00
	Payee address; City; State; Zip Code			
	1223 Avenue B			
	San Antonio TX 78215			
Purpose of exp information rec	penditure (See instructions regarding type of juited.)	Complete if direct expe		
Salary		Candidate / Officeroider He	anie O	ffice sought Office held
Date	Payee name		T	Amount
09/18/2003	Eva Neubert			(\$)
	Payee address; City; State; Zip Code			55.56
	1223 Avenue B			
	San Antonio TX 78215			
Purpose of exp	enditure (See instructions regarding type of	Complete if direct con-		
information req	uired.)	Complete if direct expe Candidate / Officeholder na		ffice sought Office held
Reimburseme	ent/Office Expenses			
D-1-				
Date	Payee name			Amount (\$)
09/23/2003	Eva Neubert			10.31
	Payee address; City; State; Zip Code			
	1223 Avenue B			
	San Antonio TX 78215			
Purpose of exp information req	enditure (See instructions regarding type of uired.)	Complete if direct expe		t C/OH ** fice sought Office held
•	ent/Office Expenses			Once held

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POL	111(:A1	EXPENDITURE	S

2001. 1811 15 PM In OKSCHEDULE F

		2004 JAM	12 LU 4.	00
The Instruction	อง Guide explains how to complete this form.		1 Total pages n 31/51	eport:
2 FILER NAME Edward Gar			3 ACCOUNT 77777777	# (Ethics Commission filers)
4 Date 09/29/2003 8 Purpose of eximple information recommendation	Payee name Eva Neubert Payee address; City; State; Zip Code 1223 Avenue B San Antonio TX 78215 Denditure (See instructions regarding type of puried)	9 Complete if direct expe	enditure to benefi	
Salary		Candidate / Officeholder n	ame Oi	fice sought Office held
Date 10/23/2003	Payee name Eva Neubert Payee address; City; State; Zip Code 1223 Avenue B San Antonio TX 78215			Amount (\$) 63.00
information req	penditure (See instructions regarding type of quired.) ent/Office Expenses	Complete if direct expe Candidate / Officeholder na		C/OH •• Tice sought Office held
Date 11/03/2003	Payee name Eva Neubert Payee address; City; State; Zip Code 1223 Avenue B San Antonio TX 78215			Amount (\$) 1000.00
Purpose of exp information req Salary	enditure (See instructions regarding type of uired.)	Complete if direct expe Candidate / Officeholder na		C/OH · · · ice sought Office held
Date 11/18/2003	Payee name Eva Neubert Payee address; City; State; Zip Code 1223 Avenue B San Antonio TX 78215			Amount (\$) 22.00
information requ	enditure (See instructions regarding type of uired.) ent/Office Expenses	Complete if direct expe Candidate / Officeholder na		C/OH ce sought Office held



POLITICAL EXPENDITURES

2004 JAN 15 PM 4: SCHEDULE F

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages 32/51	report:
2 FILER NAME Edward Gar			3 ACCOUN 77777777	T # (Ethics Commission filers)
4 Date	5 Payee name			7 Amount
12/01/2003	Eva Neubert			(\$) 1000.00
	6 Payee address; City; State; Zip Code			1000.00
	1223 Avenue B			
	San Antonio TX 78215		:	
8 Purpose of exp	penditure (See instructions regarding type of	9 Complete if direct exp	enditure to bene	fit C/OH **
information red Salary	quired.)	Candidate / Officeholder n	ame c	Office sought Office held
,				
Date	Payee name			Amount
12/01/2003	Eva Neubert			(\$)
12/01/2000				10.00
	Payee address; City; State; Zip Code			
	1223 Avenue B			
	San Antonio TX 78215			
Purpose of exp information req	penditure (See instructions regarding type of juired.)	Complete if direct expe Candidate / Officeholder n		fit C/OH •• Office held
Reimburseme	ent/Office Expenses			omet nota
Date	Payee name			Amount
08/16/2003	Omni Hotel			(\$) 190.08
ĺ	Payee address; City; State; Zip Code			190.00
	1590 LBJ Freeway			
	Dallas TX 75234			
Purpose of exp	enditure (See instructions regarding type of	Complete if direct expe	enditure to benef	it C/OH **
information req Business Tra	uired.)	Candidate / Officeholder n		
Date	Payee name			Amount
09/28/2003	Omni Hotel			(\$)
				308.39
	Payee address; City; State; Zip Code 1590 LBJ Freeway			
Durage of eve	Dallas TX 75234			
information req	· ·	Complete if direct expe Candidate / Officeholder na		it C/OH " " ffice sought Office held
Business Trav	/el			

200h MAN 15 PM to OK SCHEDULE F

		ZVUM JAN	13 PM 4:	Ub	
The Instruction Guide explains how to complete this form.			1 Total pages 33/51	1 Total pages report: 33/51	
2 FILER NAME Edward Gar			3 ACCOUN 7777777	T # (Ethics Commission filers)	
4 Date 10/11/2003 8 Purpose of exinformation rec	5 Payee name Omni Hotel 6 Payee address; City; State; Zip Code Four Riverway Houston TX 77056 penditure (See instructions regarding type of quired.)	9 Complete if direct expo		7. Amount (\$) 205.20	
Business Tra					
Date 11/23/2003	Payee name Omni Hotel Payee address; City; State; Zip Code Four Riverway Houston TX 77056			Amount (\$) 177.84	
Purpose of exp information red Business Tra	•	Complete if direct expe Candidate / Officeholder n		fit C/OH •• Office held	
Date 08/02/2003	Payee name Omni Mandalay Hotel Payee address; City; State; Zip Code 221 E Las Colinas Blvd Irving TX 75039			Amount (\$) 216.77	
Purpose of exp information red Business Tra		Complete if direct expe Candidate / Officeholder na		it C/OH · · · Office held	
Date 09/07/2003	Payee name Omni Mandalay Hotel Payee address; City; State; Zip Code 221 E Las Colinas Blvd Irving TX 75039			Amount (\$) 552.88	
Purpose of exp information req Business Tra	· '	Complete if direct expe Candidate / Officeholder na		it C/OH • • ffice sought Office held	

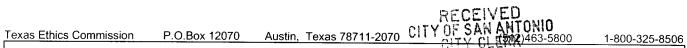
2004 JAN 15 PHEGHEBULE F

The Instruction Guide explains how to complete this form. 1 Total part 34/51			1 Total pages 34/51	es report:	
2 FILER NAME Edward Gar			3 ACCOUNT # (Ethics Commission filers) 77777777		
4 Date	5 Payee name			7 Amount	
07/02/2003	One Day Signs 6 Payee address; City; State; Zip Code		• • • • • • • • • • • • • • • • • • • •	(\$) 210.00	
	8800 Broadway #110				
	San Antonio TX 78217				
8 Purpose of expinformation rec Advertising	penditure (See instructions regarding type of uired.)	9 Complete if direct expe Candidate / Officeholder n		fit C/OH ** Office sought Office held	
Date	Payee name			Amount	
07/28/2003	Overstreet Studios			(\$) 392.50	
	Payee address; City; State; Zip Code		• • • • • • • • • • •		
	8126 Broadway				
	San Antonio TX 78209				
Purpose of exp information red Photographs	penditure (See instructions regarding type of juired.)	Complete if direct expe Candidate / Officeholder na		fit C/OH •• Office sought Office held	
Date	Payee name	THE STATE OF THE S		A	
	•			Amount (\$)	
11/18/2003	Overstreet Studios			40.00	
	Payee address; City; State; Zip Code				
	8126 Broadway				
	San Antonio TX 78209				
Purpose of exp information req Photograph	enditure (See instructions regarding type of uired.)	Complete if direct expe Candidate / Officeholder na		fit C/OH ** Office sought Office held	
Date	Payee name			Amount	
07/07/2003	Plaza Club			(\$) 88.73	
ľ	Payee address; City; State; Zip Code			00.10	
	2100 Frost Bank Tower				
	San Antonio TX 78205				
Purpose of exp	enditure (See instructions regarding type of	Complete if direct expe	nditure to benef	it C/OH ••	
information req Membership I	urred.) Dues/Business Dining	Candidate / Officeholder na		ffice sought Office held	

POLITI	CAL EXPENDITURES	2004 JAN 15	5 PM 4: U	/ SCHEDULE F
The Instruction Guide explains how to complete this form. 1 Total pag 35/51				report:
2 FILER NAME Edward Garza			3 ACCOUNT # (Ethics Commission filers) 77777777	
4 Date 08/19/2003 8 Purpose of exp	5 Payee name Plaza Club 6 Payee address; City; State; Zip Code 2100 Frost Bank Tower San Antonio TX 78205 penditure (See instructions regarding type of	9 Complete if direct expe		7 Amount (\$) 88.75
information red Membership/	quired.) 'Business Dining	Candidate / Officeholder n		Office sought Office held
Date 09/09/2003	Payee name Plaza Club Payee address; City; State; Zip Code 2100Frost Bank Tower San Antonio TX 78205			Amount (\$) 88.71
Purpose of expenditure (See instructions regarding type of information required.) Membership/Business Dining		Complete if direct expe Candidate / Officeholder na		fit_C/OH •• Office sought Office held
Date 10/06/2003	Payee name Plaza Club Payee address; City; State; Zip Code 2100 Frost Bank Tower San Antonio TX 78205			Amount (\$) 88.73
information rec	penditure (See instructions regarding type of juired.) Business Dining	Complete if direct expe Candidate / Officeholder na		fit C/OH •• Office sought Office held
Date 11/06/2003	Payee name Plaza Club Payee address; City; State; Zip Code 2100 Frost Bank Tower San Antonio TX 78205			Amount (\$) 115.89
information req	enditure (See instructions regarding type of uired.) Business Dining	Complete if direct expe Candidate / Officeholder na		fit C/OH ** Office held

		2004 JAN 15	PM 4: 07	SCHEDULE F	
The Instruction Guide explains how to complete this form.			1 Total pages report: 36/51		
2 FILER NAME Edward Garza			3 ACCOUNT # (Ethics Commission filers) 77777777		
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·	7	Amount	
12/11/2003	Plaza Club 6 Payee address; City; State; Zip Code 2100 Frost Bank Tower San Antonio TX 78205			(\$) 90.89	
information red	penditure (See instructions regarding type of quired.) 'Business Dining	9 Complete if direct exp Candidate / Officeholder	penditure to benefit C/C name Office so		
Date	Payee name			Amount	
07/02/2003	Point South Mountain Hotel Payee address; City; State; Zip Code 7777 S Pointe Pky Phoenix AZ 85044			(\$) 217.11	
Purpose of ove	penditure (See instructions regarding type of				
information red Business Tra	quired.) ivel	Complete if direct exp Candidate / Officeholder i	venditure to benefit C/C name Office so		
Date	Payee name			Amount	
09/29/2003	Leilah Powell Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283			(\$) 58.40	
information red	penditure (See instructions regarding type of juired.) ent/Office Expenses	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/C name Office so		
Date	Payee name			Amount	
08/08/2003	R. J. Publications Payee address; City; State; Zip Code P O Box A56 Bulverde TX 78263			(\$) 600.00	
Purpose of exp information req Advertising	enditure (See instructions regarding type of uired.)	Complete if direct exp Candidate / Officeholder n	enditure to benefit C/O lame Office so		

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)46315560 1-800-325-8506 **POLITICAL EXPENDITURES** 2004 JAM 15 PISCHEDULE F The Instruction Guide explains how to complete this form. Total pages report: 37/51 2 FILER NAME ACCOUNT # (Ethics Commission filers) Edward Garza 7777777 Date 5 Payee name Amount (\$) 08/19/2003 RTC Floristry 8.50 6 Payee address; City; State; Zip Code 1420 Fredericksburg San Antonio TX 78201 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH *** information required.) Candidate / Officeholder name Office sought Office held Flowers Date Payee name Amount (\$) 08/19/2003 RTC Floristry 8.50 Payee address; City; State; Zip Code 1420 Fredericksburg San Antonio TX 78201 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH · · information required.) Candidate / Officeholder name Office sought Office held Flowers Date Payee name **Amount** (\$) 08/08/2003 Roosevelt Booster Club 125.00 Payee address; City; State; Zip Code 2105 B Pat Booker Rd Unniversal City TX 78148 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held Advertising Date Payee name Amount (\$) 07/07/2003 142.86 Payee address; City; State; Zip Code P O Box 4844 Houston TX 77097 Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held Telephone

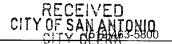


2004 JAN 15 PM 4: 07 SCHEDULE F

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages 38/51	report:
2 FILER NAM Edward Gar		11311	3 ACCOUN 7777777	IT # (EPics Commission filers) 7
4 Date	5 Payee name			7 Amount
07/28/2003	SBC 6 Payee address; City; State; Zip Code P O Box 4844			(\$) 47.04
	Houston TX 77097			
8 Purpose of ex information re Telephone	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n		fit C/OH •• Office sought Office held
Date	Payee name			Amount
08/19/2003	Payee address; City; State; Zip Code P O Box 4844			(\$) 143.07
	Houston TX 77097			
information red	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder n		fit C/OH •• Office sought Office held
Date	Payee name			Amount
08/25/2003	SBC Payee address; City; State; Zip Code P O Box 4844 Houston TX 77097			(\$) 47.03
Purpose of expended information records Telephone	ependiture (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na	enditure to bene ame	fit C/OH •• Office sought Office held
Date	Payee name			Amount
09/09/2003	SBC Payee address; City; State; Zip Code P O Box 4844 Houston TX 77097			(\$) 143.79
Purpose of exp information red Telephone	penditure (See instructions regarding type of juired.)	Complete if direct expe Candidate / Officeholder na		fit C/OH •• Office held

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			Luci Calls I C	
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages re 39/51	port:
2 FILER NAMI Edward Gar			3 ACCOUNT 7777777	# (Ethics Commission filers)
4 Date 09/24/2003	5 Payee name SBC			Amount (\$) 47.03
	6 Payee address; City; State; Zip Code P O Box 4844 Houston TX 77097			
8 Purpose of expiniformation reconstruction Telephone	penditure (See instructions regarding type of quired.)	9 Complete if direct exp Candidate / Officeholder r		C/OH · · · Office held
Date	Payee name			Amount (\$)
10/06/2003	SBC			143.59
	Payee address; City; State; Zip Code P O Box 4844			
	Houston TX 77097	• ·		
Purpose of exp information red Telephone	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder n		C/OH · · · Cross of the control of t
Date	Payee name			Amount
10/23/2003	SBC			(\$) 47.01
	Payee address; City; State; Zip Code P O Box 4844			
	Houston TX 77097			
Purpose of exp information red Telephone	enditure (See instructions regarding type of	Complete if direct expe Candidate / Officeholder n		C/OH •• ce sought Office held
Date	Payee name			Amount
11/05/2003	SBC			(\$) 143.54
	Payee address; City; State; Zip Code P O Box 4844			
	Houston TX 77097			
Purpose of exp information req Telephone	enditure (See instructions regarding type of uired.)	Complete if direct expe Candidate / Officeholder na		C/OH ** ie sought Office held



POLITICAL EXPENDITURES

2004 JAN 15 PM 4: 07

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The Instruction	ON GUIDE explains how to complete this form.		1 Total pages 40/51	report:
2 FILER NAME Edward Gar			3 ACCOUN 7777777	T # (Ethics Commission filers)
4 Date	5 Payee name	VIII 2011		7 Amount
11/24/2003	SBC			(\$) 47.02
	6 Payee address; City; State; Zip Code		· · · · · · · · · · · ·	
	P O Box 4844			
	Houston TX 77097			
information red	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n		fit C/OH ** Office sought Office held
Telephone				
Date	Payee name			Amount
12/11/2003	SBC			(\$) 144.99
	Payee address; City; State; Zip Code			
	P O Box 4844			
	Houston TX 77097			
Purpose of exp	puired)	Complete if direct expe		
Telephone	quired.)	Candidate / Officeholder n	arne (office sought Office held
				•
Date	Payee name			Amount
10/03/2003	San Antonio Alliance of Teachers			(\$) 125.00
	Payee address; City; State; Zip Code			
	120 Adams			,
	San Antonio TX 78210			
information red	penditure (See instructions regarding type of quired.)	Complete if direct expe		Fit C/OH ** Office held
Advertising				
Date	Payee name			Amount
08/22/2003	San Antonio Express News			(\$)
				170.00
	P O Box 2171			
	San Antonio TX 78297			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe		
information req Photographs	uirea.)	Candidate / Officeholder na	ame o	ffice sought Office held

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		2.00	IN JAME TO THE	
The Instruction	อง Guide explains how to complete this form.		1 Total pages report: 41/51	
2 FILER NAME Edward Gar			3 ACCOUNT # (Ethics of 77777777	Commission filers)
4 Date	5 Payee name		7	Amount
12/02/2003	San Antonio Post Newspaper			(\$) 200.00
	6 Payee address; City; State; Zip Code			
	P O Box 14463			
	San Antonio TX 78214			
8 Purpose of expinformation reconstruction Advertising	penditure (See instructions regarding type of quired.)	9 Complete if direct experience Candidate / Officeholder n	enditure to benefit C/OH • ame Office sought	Office held
Date	Payee name	The Mark I		Amount
12/22/2003	Sea Island			(\$) 89.97
	Payee address; City; State; Zip Code			
	322 W Rector			:
	San Antonio TX 78216			
Purpose of exp information rec	penditure (See instructions regarding type of quired.)	Complete if direct expe	enditure to benefit C/OH •• ame Office sought	Office held
Mayor's Busi	ness Luncheon		2	omio noid
Date	Payee name			Amount (\$)
07/30/2003				26.97
	Payee address; City; State; Zip Code			
	P O Box 23280			
Durpose of over	San Antonio TX 78223			
information req	,	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH * * ame Office sought	Office held
Building Secu	unity			
Date	Payee name			Amount
09/02/2003	Security One			(\$)
33,32,2333				26.97
	P O Box 23280			
	San Antonio TX 78223			
Purpose of exp information req	enditure (See instructions regarding type of	Complete if direct expe	nditure to benefit C/OH •••	
Building Secu		Candidate / Officeholder na	ame Office sought	Office held

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The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report 42/51	t.
2 FILER NAME Edward Gar			3 ACCOUNT # 77777777	(Ethics Commission filers)
4 Date	5 Payee name		7	Amount
09/30/2003	Security One			(\$) 26.97
	6 Payee address; City; State; Zip Code P O Box 23280			20.31
	San Antonio TX 78223			
8 Purpose of expended information reconstruction Building Section 1. 1 Purpose of expended in the section 1. 1 Purpose of expe		9 Complete if direct exp Candidate / Officeholder n		
Date	Payee name			Amount
11/05/2003	Security One			(\$) 26.97
	Payee address; City; State; Zip Code			
	P O Box 23280			
	San Antonio TX 78223			
Purpose of exp information red Building Sect		Complete if direct expe Candidate / Officeholder n		
Date	Payee name			Amount
12/01/2003	Security One			(\$) 26.97
	Payee address; City; State; Zip Code			
	P O Box 23280			
	San Antonio TX 78223			
Purpose of exp information red Building Sect		Complete if direct expe Candidate / Officeholder n	enditure to benefit C/l ame Office s	
Date	Payee name			Amount
08/18/2003	Sheriton Gateway Hotel			(\$) 193.94
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		195.94
	6101 W Century Blvd			
	Los Angeles CA 90045			
Purpose of exp	enditure (See instructions regarding type of	Complete if direct expe	enditure to benefit C/0	OH
information req Business Tra	uired.)	Candidate / Officeholder na	ame Office s	
54011033 11 0				

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		2004 JAN 15	PM 4: 01	
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages repo	ort:
2 FILER NAM Edward Gar			3 ACCOUNT # 77777777	(Ethics Commission filers)
4 Date 12/16/2003	5 Payee name South Trust Bank 6 Payee address; City; State; Zip Code San Antonio TX		7	Amount (\$) 300.00
information re	penditure (See instructions regarding type of quired.) count records	9 Complete if direct exp Candidate / Officeholder		S/OH •• sought Office held
Date 10/27/2003	Payee name Southside Athletic Booster Club Payee address; City; State; Zip Code 1460 Martinez-Losoya Road San Antonio TX 78221			Amount (\$) 100.00
Purpose of ex information red Advertising	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder i		/OH · · sought Office held
Date 08/08/2003	Payee name Southwest High School Football Program Payee address; City; State; Zip Code 7215 S WWWhite Road San Antonio TX 78215			Amount (\$) 330.00
Purpose of expended information reconstruction Advertising	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder r		/OH ** sought Office held
Date 12/18/2003	Payee name Southwest Trust Bank Payee address; City; State; Zip Code San Antonio TX 78209			Amount (\$) 60.00
Purpose of exp information red Research Re	•	Complete if direct exp Candidate / Officeholder r		/OH •• Sought Office held



POLITICAL EXPENDITURES

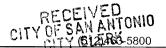
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		2004 .	JAN 15 PA	ի կ:Ծ <i>1</i>
The Instruction	אס Guide explains how to complete this form.		1 Total pages 44/51	report:
2 FILER NAME Edward Gar			3 ACCOUN 77777777	T # (Ethics Commission lilers)
4 Date	5 Payee name			7 Amount
08/18/2003	St. Regis Hotel			(\$) 497.44
	6 Payee address; City; State; Zip Code			
	1919 Briar Oaks Ln.			
	Houston TX 77027			
8 Purpose of exp	penditure (See instructions regarding type of	9 Complete if direct exp	enditure to bene	fit C/OH * *
information red Business Tra		Candidate / Officeholder r	name (Office sought Office held
Buomood ma				
Date	Payee name			Amount
07/28/2003	Suchy's Flowers			(\$)
0172072000				142.93
	Payee address; City; State; Zip Code			
	955 Cincinnati Avenue			•
	San Antonio TX 78201			
Purpose of exp	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder n		fit C/OH •• Office sought Office held
Flowers				
				•
Date	Payee name			Amount
08/19/2003	Suchy's Flowers			(\$) 350.04
	Payee address; City; State; Zip Code			
	955 Cincinnati Avenue			
	San Antonio TX 78201			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct exp	enditure to bene	fit C/OH ••
information red Flowers	quired.)	Candidate / Officeholder r	iame (Office sought Office held
Date	Payee name			Amount
09/09/2003	Suchy's Flowers			(\$) 162.88
				. 102.00
	955 Cincinnati Avenue			
	San Antonio TX 78201			
Purpose of exr	penditure (See instructions regarding type of	Complete if direct expe	enditure to bene	fit C/OH **
information rec	quired.)	Candidate / Officeholder n		Office sought Office held
Flowers				

SCHEDULE F

		2004 JAN	15 PM 4	: 07	
The Instruction	אס Guide explains how to complete this form.		1 Total pages 45/51	report:	
2 FILER NAME Edward Gar			3 ACCOUN 7777777		nmssion filers)
4 Date	5 Payee name			7 /	Amount
10/06/2003	Suchy's Flowers				(\$) 115.42
	6 Payee address; City; State; Zip Code				
	955 Cincinnati Avenue				
	San Antonio TX 78201				
8 Purpose of expinformation red Flowers	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n		L office sought	Office held
Date	Payee name			T	Amount
				'	(\$)
11/06/2003	Suchy's Flowers		. 		203.35
	Payee address; City; State; Zip Code				
	955 Cincinnati Avenue				
	San Antonio TX 78201				
Purpose of exp information red	penditure (See instructions regarding type of puired.)	Complete if direct expe Candidate / Officeholder n		fit C/OH ••	Office held
Flowers	14-1-04/	Candidate / Cincendide II	ame .	omce sought	Office Held
Date	Payee name				Amount
11/24/2003	Suchy's Flowers				(\$) 80.91
	Payee address; City; State; Zip Code				00.51
	955 Cincinnati Avenue				
	San Antonio TX 78201				
Purpose of exr	penditure (See instructions regarding type of	Complete if direct expe	anditure to hence	fit C/OH **	
information red Flowers	quired.)	Candidate / Officeholder n	ame (Office sought	Office held
riowers					
Date	Payee name				Amount
12/02/2003	Suchy's Flowers				(\$)
,					30.74
	Payee address; City; State; Zip Code 955 Cincinnati Avenue				
Durnasa	San Antonio TX 78201				
information red	penditure (See instructions regarding type of puried.)	Complete if direct expe Candidate / Officeholder na		fit C/OH ** Office sought	Office held
Flowers					

POLIT	nmission P.O.Box 12070 Austin, Texas 7	78711-20 0) TY OF SAN CITY CU 2004 JAN 15	.ERK	3-5800 1-800-325-8506 SCHEDULE F
The Instruct	ION GUIDE explains how to complete this form.		1 Total pages 46/51	report:
2 FILER NAM Edward Ga				IT # (Ethics Commission filers)
4 Date 12/18/2003	 5 Payee name Suchy's Flowers 6 Payee address; City; State; Zip Code 955 Cincinnati Avenue San Antonio TX 78201 			7 Amount (\$) 566.30
8 Purpose of exinformation re	penditure (See instructions regarding type of equired.)	9 Complete if direct exp Candidate / Officeholder r		offit C/OH ** Office sought Office held
Date 08/08/2003	Payee name Taft Raiders Athletic Boosters Payee address; City; State; Zip Code 11600 Farm Rd 471 W San Antonio TX 78253			Amount (\$) 70.00
Purpose of exinformation re Advertising	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder r		L Stit C/OH Office sought Office held
Date 11/26/2003	Payee name Texas Recharge & Toner Inc Payee address; City; State; Zip Code 4234 Center Gate San Antonio TX 78217			Amount (\$) 129.34
Purpose of exinformation re Office Supp	• /	Complete if direct exp Candidate / Officeholder r	enditure to bene name	offit C/OH ** Office sought Office held
Date 12/15/2003	Payee name The Argyle Payee address; City; State; Zip Code 934 Patterson Avenue San Antonio TX 78209			Amount (\$) 25.00
information re	penditure (See instructions regarding type of quired.) wer Point Equipment	Complete if direct exp Candidate / Officeholder r		Lefit C/OH ** Office sought Office held



POLITICAL EXPENDITURES

2004 JAN 15 PM 4: **90**HEDULE F

		2007		
The Instruction	אס Guide explains how to complete this form.		1 Total pages 47/51	report:
2 FILER NAME Edward Gar			3 ACCOUN 7777777	T*# (Ethics Commission filers)
4 Date	5 Payee name			7 Amount
10/28/2003	The Palmer House			(\$) 500.71
	6 Payee address; City; State; Zip Code			500.71
	17 E Monroe Street			
	Chicago IL 60603			
8 Purpose of exp	penditure (See instructions regarding type of	9 Complete if direct expe	enditure to bene	fit C/OH **
information red Business Tra		Candidate / Officeholder n	ame c	Office sought Office held
240,11000 110				
Date	Payee name			Amount
08/08/2003	Thomas Jefferson Booster Club			(\$)
00/00/2000				100.00
	Payee address; City; State; Zip Code			
	Con Antonio TV			
Purnose of evr	San Antonio TX Denditure (See instructions regarding type of	Complete if direct over	anditura ta hana	54 C/OLL
information red	quired.)	Complete if direct expe Candidate / Officeholder n		office sought Office held
Advertising				
Date	Payee name			
	Payee name			Amount (\$)
07/28/2003	Time Warner Cable			164.66
	Payee address; City; State; Zip Code			
	P O Box 650734			
	Dallas TX 75265			
Purpose of exp information red	penditure (See instructions regarding type of juired.)	Complete if direct expe Candidate / Officeholder n	enditure to benef	fit C/OH * * Office held
Cable/Roadri	unner			- · · · · · · · · · · · · · · · · · · ·
Date	Payee name			Amount
08/25/2003	Time Warner Cable			(\$) 164.66
	Payee address; City; State; Zip Code			
	P O Box 650734			
	Dallas TX 75265			
Purpose of exp	enditure (See instructions regarding type of	Complete if direct expe		
Cable/Roadru		Candidate / Officeriolder fil	ame o	ffice sought Office held



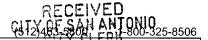
POLITICAL EXPENDITURES

IS DM ISCHEDULE F

		2004	JAN 15 P	위 보: U /
The Instruction	ON GUIDE explains how to complete this form.	W-1204-H	1 Total pages 48/51	report:
2 FILER NAME Edward Gar			3 ACCOUN 7777777	IT # (Ethics Commosion filers) 7
4 Date	5 Payee name			7 Amount
09/23/2003	Time Warner Cable			(\$) 164.54
	6 Payee address; City; State; Zip Code			701.01
	P O Box 650734			
	Dallas TX 75265			
8 Purpose of ex	L penditure (See instructions regarding type of	9 Complete if direct expe	enditure to bene	fit C/OH * *
information red Cable/Roadr	quired.)	Candidate / Officeholder n		Office sought Office held
Cable/Roadr	unner			
Data	D			r
Date	Payee name			Amount (\$)
10/23/2003	Time Warner Cable			164.55
	Payee address; City; State; Zip Code			
	P O Box 650734			
	Dallas TX 75265			
Purpose of ex information re-	penditure (See instructions regarding type of	Complete if direct expended		offit C/OH •• Office sought Office held
Cable/Roadr	·	Candidate / Officeroider in	iame	onice sought Onice held
Date	Payee name			Amount
11/24/2003	Time Warner Cable			(\$) 164.55
	Payee address; City; State; Zip Code			104.33
	P O Box 650734			
	Dallas TX 75265			
Purpose of ev	penditure (See instructions regarding type of	C		EL C/OLL **
information re-	quired.)	Complete if direct expo Candidate / Officeholder n		Office sought Office held
Cable/Roadr	unner			
Date	Payee name			Amount (\$)
10/13/2003	U S Military Vet Parade Association			80.00
	Payee address; City; State; Zip Code			
	107 Sutton Drive			
	San Antonio TX 78228			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct exp		
information red Parade Parti	quired.) cipation Fee for Mayor	Candidate / Officeholder n	name (Office sought Office held

PROPERTY OF THE PROPERTY OF SCHEDULE F

		2604 JAM		
The Instruction	อง Guide explains how to complete this form.		1 Total pages report: 49/51	
2 FILER NAME Edward Gar			3 ACCOUNT # (EI	hics Commission (iters)
4 Date 12/02/2003	5 Payee name U S Postal Service 6 Payee address; City; State; Zip Code Laurel Heights San Antonio TX 78212			Amount (\$) 740.00
8 Purpose of expiring formation red Stamps	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n	enditure to benefit C/Oh name Office sout	
Date 12/17/2003	Payee name Manuel Vega Payee address; City; State; Zip Code 111 So. Leona			Amount (\$) 165.00
Purpose of expended information reduced Event Entertal	• *	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OF ame Office soug	
Date 12/02/2003	Payee name W San Antonio Chamber of Commerce Payee address; City; State; Zip Code 301 S Frio #157 San Antonio TX 78207			Amount (\$) 125.00
information red	penditure (See instructions regarding type of quired.) /Professional/Mayor	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OF lame Office sout	
Date 12/02/2003	Payee name Anne Whittington Payee address; City; State; Zip Code 8715 Starcrest Drive San Antonio TX 78283			Amount (\$) 500.00
Purpose of exp information red Consulting	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ame Office soug	



NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE | 2004 JAN 15 PM 4: 07

The INSTRUCTION GUIDE explains how to complete this form.		t:	
2 FILER NAME 3 ACCOUNT # (Et Edward Garza 77777777		hics Commission filers)	
4 Date 07/28/2003	5 Payee name AFL-CIO 6 Payee address; City; State; Zip Code 311 S. St. Mary's		8 Amount (\$) 250.00
	San Antonio TX 78205 7 Purpose of expenditure (See instructions regarding type of information Fundraising/Central Council	required.)	·
Date 12/02/2003	Payee name Holy Family Sr Citizens Special Events Payee address; City; State; Zip Code 511 Bangor San Antonio TX 78228 Purpose of expenditure (See instructions regarding type of information of Senior Activity Sponsor	required.)	Amount (\$) 100.00
Date 11/18/2003	Payee name Hope of Glory Senior Center Payee address; City; State; Zip Code 339 W Hutchins San Antonio TX 78221 Purpose of expenditure (See instructions regarding type of information Senior Activity Sponsor	required.)	Amount (\$) 100.00
Date 10/20/2003	Payee name Jefferson Area Community Outreach Payee address; City; State; Zip Code 201 Meredith Drive San Antonio TX 78228 Purpose of expenditure (See instructions regarding type of information Fundraising Event Sponsor	required.)	. Amount (\$) 500.00
Date 11/05/2003	Payee name Jefferson Area Lasos Payee address; City; State; Zip Code 723 Donaldson San Antonio TX 78201 Purpose of expenditure (See instructions regarding type of information of Fundraising Event		Åmount (\$) 300.00

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 2001 1511 15 PM 4: 07

SCHEDULE |

· · · · · · · · · · · · · · · · · · ·	500A 2442 10			
The Instruction Guide explains how to complete this form. 1 Total pages report 51/51		t:		
P. FILER NAME 3 ACCOUNT # (Eth		hics Commission filers)		
Edward Garza 77777777				
Date 07/09/2003	5 Payee name San Antonio Tennis Institute	•	8 Amount (\$)	
01100/2000	6 Payee address; City; State; Zip Code 2602 Hillcrest Drive E San Antonio TX 78228 7 Purpose of expenditure (See instructions regarding type of information re Donation	equired.)	100.00	
Date 08/18/2003	Payee name St. Leo's Community Center		Amount (\$)	
	Payee address; City; State; Zip Code 4423 S. Flores San Antonio TX 78214 Purpose of expenditure (See instructions regarding type of information re	equired.)	100.00	
	Fundraiser/Senior Citizens			
Date	Payee name		Amount	
11/18/2003	The Loving Dozen		(\$)	
	Payee address; City; State; Zip Code 10000 W Commerce San Antonio TX 78227		100.00	

Purpose of expenditure (See instructions regarding type of information required.)

Childrens Christmas Fund